

the criminal justice system. "Personal supervision of the patient" means the urine is watched going from urethra into the bottle and the bottle, still warm, is handed to the watcher.

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REFERENCE

1. Asher R: Munchausen's syndrome. *Lancet* 1:339-341, Feb 10, 1951

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Dr. Rossiter Responds

TO THE EDITOR: The letter from Dr. Hayward deserves a response. I refer to his comments relative to the use of propoxyphene-napsylate (PN) in the use of heroin detoxification.

There is no disagreement with the dose range suggested by Dr. Hayward for PN in detoxification of heroin addicts and as it is combined with other medications. The article in the *WESTERN JOURNAL* stated that "many physicians are at present prescribing the drug at high doses [higher than those specified in the package insert]—and at low doses in combination with target symptom medications." The dosage specified in the article at 800 to 1,200 mg per day and tapered to zero in 5 to 21 days is the dose range being used in those experimental projects approved by the California Research Advisory Panel. The article presents guidelines, but in a perfunctory manner. I suggest that Dr. Hayward and others interested in further exploration of this subject should read the proceedings of a symposium on the investigational use of PN in the treatment of narcotic dependency.¹

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REFERENCE

1. Meyers FH, Dow GJ (Eds): The Investigational Use of Propoxyphene in the Treatment of Narcotic Dependency—Proceedings of a Symposium sponsored by the Research Advisory Panel of the State of California, December 5, 1975, San Francisco. (Copies available from Research Advisory Panel of the State of California, 6000 State Building, San Francisco, CA 94102.)

Concerning Libraries in Smaller Hospitals

TO THE EDITOR: Hospitals of all sizes need library services to provide up-to-date information for physicians, to support continuing education programs, and to meet the standards of the Joint Commission on Accreditation of Hospitals and the applicable state codes (in California, the California Administrative Code¹).

A small community hospital neither needs nor can afford the facilities and services of a large university affiliated research oriented metropoli-

tan hospital.² Nevertheless, the common practice of designating as a library a conference room or physicians' lounge with bookshelves crammed with outdated medical textbooks and old journals, together with a few purchases of *Current Therapy*, is clearly inadequate. The essence of a useful library is the organization of the material to make it accessible, and the provision for access to information that is not in the library but is available elsewhere. This can be provided through the services of a professional medical librarian.

Various methods for providing such professional library services to small hospitals have been reported.³⁻⁵ In contrast with these programs, which are affiliated with institutions in large medical centers, three small acute-care hospitals in the vicinity of the San Francisco Bay area are providing quality medical library services at little cost by contracting with an independent consultant who works a few hours a week at each hospital. Doctors' Hospital of Pinole (137 beds), Vallejo General Hospital (99 beds) and Intercommunity Hospital in Fairfield (80 beds) are small, acute-care general hospitals about 20 miles apart and 30 to 50 miles from San Francisco. Each of the hospitals has set aside a room to serve as a library in accord with Title 22 of the State of California Administrative Code, but the "libraries" were much as described above.

Thus, the librarian's first task was to identify the books that clearly should be retained and make recommendations to the library committee concerning the disposition of the balance. The retained books were catalogued and classified, and recommendations were made to the library committee for first and second priority purchases to assure an adequate core library. In addition, special subject sections were developed to support the clinical departments of each hospital. For example, Doctors Hospital of Pinole has a total body scanner and no obstetrics department; Vallejo General Hospital has strong respiratory and physical therapy units; Intercommunity Hospital has active obstetric and pediatric departments. The collections at each hospital reflect these differences.

The essential minimum service provided by the consulting medical librarian is the organization and maintenance of the library so that current information is available and can be found readily. The most valuable contribution which the librarian can make to patient care is the provision of reference services to the doctors.